

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

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Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Jolly	Jerry	Raymond	(916) 419-2513
MAILING ADDRESS (May use business address)		CITY	STATE ZIP CODE
3927 Lennane Dr. #100		Sacramento	CA 95834
		OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Department of Alcoholic Beverage Control

Division, Board, District, if applicable:

Your Position:

Director

— If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2005, through December 31, 2005.

-or-

☐ The period covered is ____/____/____, through December 31, 2005.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2005, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

— Total number of pages including this cover page: _____

— Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes — schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes — schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes — schedule attached
Real Property

Schedule C ☐ Yes — schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes — schedule attached
Income — Gifts

Schedule E ☐ Yes — schedule attached
Income — Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-28-06
(month, day, year)

Signature

(File

your filing official.)